

## CALIFORNIA BOARD OF ACCOUNTANCY

2000 EVERGREEN STREET, SUITE 250 SACRAMENTO, CA 95815-3832 TELEPHONE: (916) 263-3680 FACSIMILE: (916) 263-3675 WEB ADDRESS: http://www.dca.ca.gov/cba



## NAME CHANGE / CERTIFICATE REPLACEMENT REQUEST

NAME CHANGE	
Please complete the following information (please type or print legibly) and sign below.	
New Name	
Former Name	
CPA/PA License No Day	time Telephone No.
REPLACEMENT POCKET ID AND/OR WALL CERTIFICATE	
Your original pocket ID and/or wall certificate must be mailed back to the Board office with this request. If your license is in a delinquent or cancelled status, a replacement pocket ID can not be issued. Please check the appropriate box(es) and submit the correct fee(s).	
\$2.00 Pocket ID	\$10.00 Wall Certificate
Full Name (please type or print legibly)	
CPA/PA License No Day	ytime Telephone No.
Reason for replacement:	
Lost Stolen Name Change Destroyed (Fire, Flood, etc.) Other	
Please explain in further detail the reason for replacement:	
A new pocket ID and/or wall certificate will be mailed to you Accountancy. A new pocket ID will be mailed to you in approximet wall certificate will be mailed to you in approximately 6 to	eximately 14 business days from the date of processing. A
I certify under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form are true and accurate. And, I will immediately return the pocket ID and/or wall certificate to the California Board of Accountancy, should said ID card and/or certificate be found, or report its whereabouts should become known to me.	
Licensee Signature	Date
For Office Use Only	
Date Name Change Processed:	Processed By:
Date Original Wall Certificate Returned:  Date Pocket ID Ordered:	Date Wall Certificate Ordered: